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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 3357

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/669,360 | <b>FILING OR 371(c)<br/>DATE</b><br>09/25/2003<br><b>RULE</b> | <b>CLASS</b><br>438 | <b>GROUP ART UNIT</b><br>1765 | <b>ATTORNEY DOCKET<br/>NO.</b><br>277/017 |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

REPUBLIC OF KOREA 2002-58316 09/26/2002

|   |  |                                |                               |                                    |
|---|--|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>KOREA,<br>REPUBLIC OF | <b>SHEETS<br/>DRAWING</b><br>7 | <b>TOTAL<br/>CLAIMS</b><br>28 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |  |                                |                               |                                    |
| Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials                       |  |                                |                               |                                    |

## ADDRESS

27849

## TITLE

FLEXIBLE MEMS TRANSDUCER MANUFACTURING METHOD

|  |   |  |
|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>1544 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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|  |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
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